
MARYLAND HEALTH QUALITY AND COST COUNCIL

Meeting Minutes

Friday, June 13, 2014

Members in Attendance: Lieutenant Governor Anthony Brown (Chair), Secretary Joshua Sharfstein (Vice Chair), James Chesley, Richard Davis, Barbara Epke, Nikki Highsmith Vernick, Roger Merrill, Peggy O'Kane, Marcos Pesquera, Kathleen White, and Christine Wray

Members Absent: Albert Reece and Jon Shematek

Welcome and Approval of Minutes

Lieutenant Governor Anthony Brown called the meeting to order at 9:35am. He welcomed the Council members and guests to the meeting. Minutes from the December 6, 2013 Council meeting were approved.

The meeting began with updates from each presentation to brief the Lieutenant Governor before he departed from the meeting early. There were a few questions and answers during the updates, and the Lieutenant Governor praised the Council for the work they have completed since formation in 2007. The meeting proceeded through the agenda after the updates.

Value Based Insurance Design (VBID) Task Force

Dr. Laura Herrera, Deputy Secretary of Public Health and the Department of Health and Mental Hygiene (DHMH), and Sara Cherico-Hsui, Health Policy Analyst-Advanced at DHMH, provided an update on the VBID Task Force.

After reviewing background information on the formation of the Task Force, Ms. Cherico-Hsui provided an overview of the six tasks assigned to the Task Force and the work completed over the winter and spring of 2014 to accomplish each of the six tasks. She presented a series of materials the Task Force prepared for the Council's review, including a proposed VBID definition.

There was considerable discussion regarding the proposed VBID definition. During the Council meeting, it was proposed that the definition be altered so that the incentives for high and low-value services specifically address a set number of medical conditions, as opposed to counting the number of incentives and disincentives for high and low-value services. The number of wellness incentives

was also changed from two to three. Language regarding the evidence base for incentives and disincentives was added as well as language clarifying that mandated preventative benefits covered under the Affordable Care Act would not be considered high-value services. The Council decided that the modified definition would be posted for public comment in the summer of 2014.

Ms. Highsmith Vernick also commented that there was not enough done on provider education. Dr. Sharfstein agreed that education could be launched aggressively after the public comment period and once there was a standardized VBID plan.

Ms. Anne Timmons, Director of Employee Benefits Division, Department of Management and Budget, provided an overview of the upcoming State employee and retiree health and welfare benefits program for 2015-2020. She covered the program cost of chronic conditions and current measures to contain costs and encourage wellness. She then described the plan design for years 2015-2020, with an emphasis on the phased-in wellness requirements and health activity requirements, health plan performance measures, and the financial impact of the plan.

Wellness and Prevention Workgroup Update

Christine Wray, President of Medstar St. Mary's Hospital, and Chair of the Wellness and Prevention Workgroup, provided an update on the Wellness and Prevention Workgroup.

Ms. Wray first proposed a revised mission statement and focus on diabetes, obesity, and hypertension for the Wellness and Prevention Workgroup. The Council approved the revised mission statement and focus areas.

Ms. Wray then provided an update on Healthiest Maryland Businesses, specifically focusing on its work with the VBID Task Force. Healthiest Maryland Businesses is a member of the VBID Task Force and contributed to many of the materials reviewed during the VBID Task Force update. It is expected that Healthiest Maryland Businesses will be the vehicle to demonstrate real world experience with VBID.

Ms. Wray also provided an overview of the state public health action grant, which supports statewide implementation of cross-cutting approaches to promote health and prevent/control chronic diseases and their risk factors. Four chronic disease prevention programs (Diabetes; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, and Obesity; and School Health) are included. Ms. Wray encouraged those interested to attend the Diabetes Symposium to outreach to diabetes self-management education providers on June 26, 2014.

Ms. Wray then introduced Meagan Enrique, Director of Human Resources at Carroll Hospital Center (CHC). Ms. Enrique opened with a review of the state of CHC health. She then outlined how the wellness program has evolved since 2007 to include

insurance components, and the result they have achieved. Results include the following: drug costs are down by 31 percent, annual per member per month costs are trending down and have been since 2008, disease management return on investment is \$5:\$1, new patient office visits are up nearly 26 percent, and there has been a 22 percent reduction in unscheduled absences from work. Ms. Highsmith Vernick inquired about any nutritional changes made at CHC and Ms. Enrique responded that CHC has changed the hospital food and vending machine, and has formed a partnership with a local gym. Ms. Barbara Epke noted that many hospitals are moving in a similar direction as CHC

Health Enterprise Zone Update

Dr. Sharfstein introduced Michelle Spencer, Director, Prevention and Health Promotion Administration, DHMH, as the new lead on the Health Enterprise Zone project.

Ms. Spencer provided an update on the evaluation of the Health Enterprise Zone project. Work continues on the Dashboards, which will assess performance on key milestones and deliverables and overall progress towards key goals of each Zone. In addition, Ms. Spencer announced that the Evaluation Proposal Review Committee completed their review process, and recommended the Johns Hopkins University Bloomberg School of Public Health, Center for Health Disparities for the award. The awardee will conduct an overall evaluation of the Health Enterprise Zone project, including four specific components laid out in the Maryland Health improvement and Disparities Reduction Act. The contract will be brought before the Board of Public Works in October 2014.

Ms. Spencer also summarized progress on the cultural competency trainings that have been held in the Anne Arundel, Dorchester, and West Baltimore Zones. At those three Zones, 26 leaders and 30 frontline staff members completed the cultural competency trainings. Ms. Spencer also reviewed the incentives available to support practitioners in the Zones. More information on the incentives can be found [here](#) and [here](#). Finally, Ms. Spencer provided an update on the inaugural Health Enterprise Zone conference, which had 153 attendees and was well-received.

Telemedicine Task Force

David Sharp and Sarah Orth of the Maryland Health Care Commission provided an update on the Telemedicine Task Force.

After reviewing the background and charges of the Task Force, Mr. Sharp and Ms. Orth first covered the process the Task Force undertook to develop a proposed definition of “telehealth.” The presentation then covered the work of the three advisory groups under the broader Task Force. The Clinical Advisory Group is developing recommendations regarding a set of use cases for inclusion in new models of care delivery, supported by existing technology facilitated by a provider directory. The presentation covered both current innovative telehealth use cases

and future innovative cases. The Finance and Business Model Advisory Group is studying the business models and financial challenges of implementing the use cases described above. Finally, the Technology Solutions and Standards Advisory Group is developing a telehealth provider directory.

Mr. Sharp and Ms. Orth then summarized the Task Force's next steps. The Task Force will finalize recommendations in July, gather stakeholder input on the draft recommendations in August, finalize the draft legislative report in September, and submit the final legislative report in November.

Adjournment

The meeting was adjourned at 12:05 pm.

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